UNITED STATES DISTRICT COURT MIDDLE DISTRICT OF TENNESSE AT NASHVILLE

| BRADLEY JONES, individually and as the surviving spouse of the decedent, ROBERT WILLIAMS, JR., |))) |
|--|--|
| Plaintiff, | Civil Action No.: |
| v. |) Jury Demand |
| VANDERBILT UNIVERISTY MEDICAL CENTER, |))) |
| Defendant. |) |
| AFFIDAVIT OF BE DEMONSTRATING THE PI WITH TENN. CODE A | LAINTIFF'S COMPLIANCE |
| STATE OF TENNESSEE) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| COUNTY OF DAVIDSON) | |

After first being duly sworn, the affiant, Brian Cummings, states as follows:

- 1. My name is Brian Cummings. I am an adult citizen, over the age of eighteen years, and am competent to make the statements contained in this Affidavit.
- 2. On November 15, 2023, written notice of a potential health care liability action was mailed (documents attached) by me to the Defendant, Vanderbilt University Medical Center, including a list of the names and addresses of all of the providers who were being sent a notice, as well as HIPAA-compliant medical authorizations permitting all of the listed providers to obtain complete medical records from one another, by certified mail, electronic return receipt requested,

and after obtaining a Certificate of Mailing, as included herein, from the U.S. Postal Service to the addresses documented within Collective Exhibit 1.

Further Affiant sayeth not.

BRIAN CUMMINGS

Sworn to and subscribed before me on May 6, 2024:

NOTARY PUBLIC

My Commission Expires:

07/07/2027

CERTIFIED MAIL



PS Form 3800 6/02

A **Certified Mail** WITHOUT Physical Return Receipt Service

Stamps CON

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Top of the page

(No Return Receipt Card) Instructions

- 1. Apply this label to the TOP EDGE of the mailpiece.
- 2. Apply address label below to the CENTER of the mailpiece.
- 3. Peel the Certified Mail label below and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

Delivery Address when used with or Return Address when used with

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OUTBOUND TRACKING NUMBER 9414 8118 9956 2604 7260 19

FEES

Postage per piece Certified Fee

\$2.830

Total Postage & Fees:

\$4,350 \$7.180

ARTICLE ADDRESS TO:

Vanderbilt Univ. Medical Center Attn: C. Wright Pinson, MBA, MD 1211 Medical Center Dr Nashville TN 37232-0004

SENDER: COMPLETE THIS SECTION

■ Ensure items 1, 2, and 3 are completed.

Postmark Here

COMPLETE THIS SECTION ON DELIVERY

A. Signature: (☐ Addressee or ☐ Agent)

X

Attach this card to the back of the mailpiece, or on

2. Article Number (Transfer from service label Case 3:24-cv-00568

B. Received By: (Printed Name)

C. Date of Delivery

1. Article Addressed to:

the front if space permits.

D.Is delivery address different from item 1? If YES, enter delivery address below:

□Yes

Filed 05/07/24

Domestic Return Receipt

3. Service Type

CERTIFIED MAIL

Vanderbilt Univ. Medical Center

1211 Medical Center Dr

Nashville TN 37232-0004

Attn: C. Wright Pinson, MBA, MD

CERTIFIED MAIL

CERTIFIED MAIL

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Page 3 of 27 PageID #: 12

B Certified Mail **WITH Physical Return** Receipt Service

(Uses Return Receipt Card) Instructions

- 1. Apply address label above to the back of this card.
- 2. Apply this card to the TOP EDGE of the mailpiece.
- 3. Peel the Certified Mail label above and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

CERTIFIED MAIL

Certified Mail Receipt

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Postal Service

* 1-UP Laser Form * *\%USA CMF - 134 06/20

PS Form 3811 Facsimile, July 2015 (SDC 3930)

Document 1-2

Certified Mail Labels (SDC-3930)

CUMMINGS LAW

Brian Cummings Licensed to practice in TN, GA, FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300 Nashville, TN 37215

Phone: (615) 319-4347 Fax: (615) 815-1876

November 15, 2023

VIA U.S. CERTIFIED MAIL – ELECTRONIC RETURN RECEIPT

Vanderbilt Univ. Medical Center Attn: C. Wright Pinson, MBA, MD 1211 Medical Center Dr. Nashville, TN 37232

Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)

Dear C. Wright Pinson:

I represent Bradley Jones regarding the death of his husband, Robert Williams, Jr., at Vanderbilt University Medical Center ("Vanderbilt").

Mr. Williams was admitted to Vanderbilt on June 1, 2023, he was determined to be a good candidate for a heart transplant, which he underwent early during the admission, and he contracted two infections (a fungal infection and a bacterial infection) at Vanderbilt that led to sepsis and caused his death on July 13, 2023.

With regard to the fungal infection, which is referred to at times in the records as "infection due to Rhizopus," a Vanderbilt staff member told Mr. Jones that another Vanderbilt patient had come down with the same type of fungal infection.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt University Medical Center ("Vanderbilt"). This is a wrongful death, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt, including its employees and agents, and including its physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the June 1, 2023 admission. This includes, but is not limited to, negligent care related to Mr. Williams contracting both infections and related to the ineffective treatment of those infections. These failures to comply with the applicable, recognized standard of acceptable professional practice caused Mr. Williams' death.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, past medical expenses, physical pain and suffering, emotional pain and suffering, loss of enjoyment of life, loss of earning capacity, Mr. Jones' loss of spousal consortium, funeral and burial expenses, and all other available damages available in a wrongful death, healthcare liability claim.

The full name and date of birth of the patient whose treatment is at issue are:

Robert Williams, Jr.

The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

Bradley Jones (surviving spouse) 2010 Cedar Creek Dr. Henryville, IN 47126

The name and address of the attorney sending this notice are:

Brian Cummings Cummings Law 4235 Hillsboro Pike, #300 Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at <u>brian@cummingsinjurylaw.com</u> or at 615-319-4347.

Sincerely,

Brian Cummings

Enclosures

NAMES & ADDRESSES OF ALL PROVIDERS BEING SENT A NOTICE PURUSANT TO TENN. CODE ANN. 29-26-121(a)

PROVIDER

ADDRESS PER TN DEPT. OF HEALTH CURRENT BUSINESS ADDRESS

REGISTERED AGENT ADDRESS – TN SEC. OF STATE

Vanderbilt University Medical Center

1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson, M.B.A., M.D. 1211 Medical Center Drive Nashville, TN 37232

1161 21st Ave., S., Medical Center North D-3300 Nashville, TN 37232-5545 (Principal Office – TN Sec. State)

3322 West End Ave., #1100 Nashville, TN 37203-1000 (Mailing Address – TN Sec. State) National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 (TN Sec. State)

HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

| SECTION A: THIS SECTION | MUST BE COMPLETED FOR A | LL AUTHORIZATIONS | | | | | | |
|--|--|---|--|--|--|--|--|--|
| Patient Name: REGERT WILLIAMS, JR. | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Provider's Name: VANDERBILT UNIVERSITY MBDICAL CENTSA | Recipient's Name: VANDERSHIT UNIVERSITY MEDICAL CENTER | | | | | | | |
| Provider's Address: 1211 MEDICAL CONTER DR. | Address: Address 1: 1211 MBD) CAL CENTER DR. | | | | | | | |
| NASHVELE, TN 87232 | Address 2: | | | | | | | |
| • | City NASHVILLE | State TN Zip 37232 | | | | | | |
| This authorization will expire on t Date: 6-1-2024 | the following (fill in the Date or th Event: | e Event but not both) | | | | | | |
| Purpose of Disclosure: Complian | nce with Tenn. Code Ann. §29-26 | -121 | | | | | | |
| Description of Information to be I | Jsed or Disclosed: All PHI in Med | lical Record for All Dates | | | | | | |
| If I do not sign this form, n affected unless stated other I may revoke this authorize any actions taken prior to n If the requester or receiver may no longer be protected I understand my attorney. I, through my attorney, will | ntion at any time in writing, but if receiving the revocation. is not a health plan or health car by federal privacy regulations at will receive copies of all records re I receive a copy of this form after | or my health care will not be I do, it will not have any effect on the provider, the released information and may potentially be redisclosed. the provider of this authorization. | | | | | | |
| SECTION B: NOTICE TO PRO | | | | | | | | |
| The purpose of the release of my records is for review by the Recipient listed above. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH THE RECIPIENT OR THEIR REPRESENTATIVES OUT OF THE PRESENCE OF MY ATTORNEYS. All medical records obtained pursuant to this authorization by Recipient shall be copied by Recipient's office and a Bates-Numbered copy shall be furnished to my counsel, Cummings Law, 4235 Hillshord Pike #300, Nashville, TN, 37215, within five days after the records are obtained via this authorization, if feasible, and with small transmittal being preferred to reduce / eliminate costs. | | | | | | | | |
| SECTION C: SIGNATURES | | | | | | | | |
| I have read the above and authoris stated. Moreover, I acknowledge a alcohol, drug, psychiatric, HIV tes | and hereby consent that the releas | sed information may contain | | | | | | |
| Signature of Patient/Plan Membe | er / Guardian / Representative: | Date: 10/17/23 | | | | | | |
| Print Frame of Guardian / Represe | | Relationship to Patient (17 applicable): | | | | | | |

STATE OF TENNESSEE





TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

| ROBERT WAYNE WILL LAMS AP Time of Death (Acerus) 5s. Age 5. Date of Birth 7s. Birtholese NEW ALBANY, IN A Fined of Death (Acerus) 5s. Age 5. Date of Birth 7s. Birtholese NEW ALBANY, IN NEW ALBANY, IN NEW ALBANY, IN B. City of Town NASHVILLE DATE NASHVIRED 15s. Europhysis Spouse (veries prior to first manifage) 11s. Europhysis Spouse (veries prior to first manifage) 11s. City of Town NASHVILLE DATE OF THE NASHVIRED BRADLEY JONES PROJECT JONES | 1. Decedent's Legal Nam | The state of the | | ALCOHOL: N | mum Bridger Co. | SIAI | E FILE NUMBER ZUZ | 3. Date of Death |
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I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

15075793

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III State Registrar

Ralph Alvarado, MD, FACP Commissioner

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Top of the page

Certified Mail Labels (SDC-3930)

Brian Cummings Cummings Law 4235 Hillsboro Pike, Suite 300 Nashville TN 37215-3344

CERTIFIED MAIL



PS Form 3800 6/02

Certified Mail WITHOUT Physical Return Receipt Service

A

(No Return Receipt Card) Instructions

- 1. Apply this label to the TOP EDGE of the mailpiece.
- 2. Apply address label below to the CENTER of the mailpiece.
- 3. Peel the Certified Mail label below and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

Delivery Address when used with or Return Address when used with 13

← Fold and Tear →

OUTBOUND TRACKING NUMBER 9414 8118 9956 2604 7272 21

FEES

Postage per piece Certified Fee

\$2.830 \$4,350

Total Postage & Fees:

\$7,180

ARTICLE ADDRESS TO:

Vanderbilt Univ. Medical Center 1161 21st Ave., S. Medical Center North D-3300 Nashville TN 37232-5545

SENDER: COMPLETE THIS SECTION

Attach this card to the back of the mailpiece, or on

■ Ensure items 1, 2, and 3 are completed.

the front if space permits.

1. Article Addressed to:

Postmark Here

COMPLETE THIS SECTION ON DELIVERY A. Signature: (Addressee or Agent) X B. Received By: (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below:

CERTIFIED MAIL

Vanderbilt Univ. Medical Center

Medical Center North D-3300

CERTIFIED MAIL

CERTIFIED MAIL

Nashville TN 37232-5545

1161 21st Ave., S.

VOID

B Certified Mail WITH Physical Return Receipt Service

(Uses Return Receipt Card) Instructions

- 1. Apply address label above to the back of this card.
- 2. Apply this card to the TOP EDGE of the mailpiece.
- 3. Peel the Certified Mail label above and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

2. Article Number (Transfer from service label Case 3:24-cv-00568

3. Service Type

Document 1-2

Filed 05/07/24

Page 9 of 27 PageID #: 18

PS Form 3811 Facsimile, July 2015 (SDC 3930)

Domestic Return Receipt

CUMMINGS LAW

Brian Cummings Licensed to practice in TN, GA, FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300 Nashville, TN 37215

> Phone: (615) 319-4347 Fax: (615) 815-1876

November 15, 2023

VIA U.S. CERTIFIED MAIL - ELECTRONIC RETURN RECEIPT

Vanderbilt Univ. Medical Center 1161 21st Ave., S. Medical Center North D-3300 Nashville, TN 37232-5545

Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)

Dear Vanderbilt University Medical Center:

I represent Bradley Jones regarding the death of his husband, Robert Williams, Jr., at Vanderbilt University Medical Center ("Vanderbilt").

Mr. Williams was admitted to Vanderbilt on June 1, 2023, he was determined to be a good candidate for a heart transplant, which he underwent early during the admission, and he contracted two infections (a fungal infection and a bacterial infection) at Vanderbilt that led to sepsis and caused his death on July 13, 2023.

With regard to the fungal infection, which is referred to at times in the records as "infection due to Rhizopus," a Vanderbilt staff member told Mr. Jones that another Vanderbilt patient had come down with the same type of fungal infection.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt University Medical Center ("Vanderbilt"). This is a wrongful death, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt, including its employees and agents, and including its physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the June 1, 2023 admission. This includes, but is not limited to, negligent care related to Mr. Williams contracting both infections and related to the ineffective treatment of those infections. These failures to comply with the applicable, recognized standard of acceptable professional practice caused Mr. Williams' death.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, past medical expenses, physical pain and suffering, emotional pain and suffering, loss of enjoyment of life, loss of earning capacity, Mr. Jones' loss of spousal consortium, funeral and burial expenses, and all other available damages available in a wrongful death, healthcare liability claim.

The full name and date of birth of the patient whose treatment is at issue are:

Robert Williams, Jr.

The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

Bradley Jones (surviving spouse) 2010 Cedar Creek Dr. Henryville, IN 47126

The name and address of the attorney sending this notice are:

Brian Cummings Cummings Law 4235 Hillsboro Pike, #300 Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at brian@cummingsinjurylaw.com or at 615-319-4347.

Sincerely,

Brian Cummings

Buan and

Enclosures

NAMES & ADDRESSES OF ALL PROVIDERS BEING SENT A NOTICE PURUSANT TO TENN. CODE ANN. 29-26-121(a)

PROVIDER ADDRESS PER TN CURRENT BUSINESS REGISTERED AGENT
DEPT. OF HEALTH ADDRESS ADDRESS - TN SEC. OF
STATE

1211 Medical Center Drive Nashville, TN 37232

1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson, M.B.A., M.D. 1161 21st Ave., S., Medical Center North D-3300 Nashville, TN 37232-5545 (Principal Office – TN Sec. State)

3322 West End Ave., #1100 Nashville, TN 37203-1000 (Mailing Address – TN Sec. State) National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 (TN Sec. State)

Vanderbilt University Medical

Center

HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

| SECTION A: THIS SECTION | MUST BE COMPLETED FOR A | LL AUTHORIZATIONS | | | | | | |
|--|---|---|--|--|--|--|--|--|
| Patient Name: RUBERT WILLIAMS, JR. | | | | | | | | |
| Provider's Name: VANDERBILT UNIVERSITY MBDICAL CENTSL | Recipient's Name: VANTERBUT UNIVERSITY MEDICAL CENTER | | | | | | | |
| Provider's Address: 1211 MEDUAL CONTER DE | Address 1: 1211 MEDI CAL CENTER DR. | | | | | | | |
| NASHVELE, TN 87232 | Address 2: | | | | | | | |
| , | City NASHVILLE | State TN Zip 37232 | | | | | | |
| This authorization will expire on to Date: 6-1-2024 | the following (fill in the Date or th Event: | e Event but not both) | | | | | | |
| Purpose of Disclosure: Complian | ace with Tenn. Code Ann. §29-26 | -121 | | | | | | |
| Description of Information to be I | Jsed or Disclosed: All PHI in Med | ical Record for All Dates | | | | | | |
| If I do not sign this form, n affected unless stated other I may revoke this authorize any actions taken prior to n If the requester or receiver may no longer be protected I understand my attorney I, through my attorney, will | ation at any time in writing, but if receiving the revocation. is not a health plan or health care by federal privacy regulations at will receive copies of all records re I receive a copy of this form after | or my health care will not be I do, it will not have any effect on the provider, the released information and may potentially be redisclosed. therefore through this authorization. | | | | | | |
| SECTION B: NOTICE TO PRO | | | | | | | | |
| The purpose of the release of my records is for review by the Recipient listed above. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH THE RECIPIENT OR THEIR REPRESENTATIVES OUT OF THE PRESENCE OF MY ATTORNEYS. All medical records obtained pursuant to this authorization by Recipient shall be capted by Recipient's office and a Bates-Numbered copy shall be furnished to my counsel, Cummings Law, 4235 Hillsboro Pike #360, Nashville, TN, 37215, within five days after the records are obtained via this authorization, if feasible, and with small transmittal being preferred to reduce / eliminate costs. | | | | | | | | |
| SECTION C: SIGNATURES | | | | | | | | |
| I have read the above and authoristated. Moreover, I acknowledge alcohol, drug, psychatric, HIV tes | and hereby consent that the releas | medical and health information as sed information may contain action. | | | | | | |
| Signature of Patient Plan Member | er / Guardian / Representative: | Date: 10/10/23 | | | | | | |
| Print Name of Guardian / Represe | | Relationship to Patient (17 applicable): | | | | | | |

Office of Vital Records





TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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| INPATIENT | | | | | | | | | | |
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I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III State Registrar

ph Alvarado, MD, FACP Commissioner

Jul-17-2023

(4)

Top of the page

Brian Cummings Cummings Law 4235 Hillsboro Pike, Suite 300 Nashville TN 37215-3344

CERTIFIED MAIL



PS Form 3800 6/02



A Certified Mail **WITHOUT Physical Return** Receipt Service

(No Return Receipt Card) Instructions

- 1. Apply this label to the TOP EDGE of the mailpiece.
- 2. Apply address label below to the CENTER of the mailpiece.
- 3. Peel the Certified Mail label below and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

Delivery Address

when used with or Return Address when used with

← Fold and Tear →

OUTBOUND TRACKING NUMBER 9414 8118 9956 2604 7202 15

FEES

Postage per piece Certified Fee

\$2.830 \$4,350

Total Postage & Fees:

\$7,180

ARTICLE ADDRESS TO:

Vanderbilt Univ. Medical Center 3322 W End Ave Ste 1100 Nashville TN 37203-1000

SENDER: COMPLETE THIS SECTION

Attach this card to the back of the mailpiece, or on

■ Ensure items 1, 2, and 3 are completed.

the front if space permits.

1. Article Addressed to:

Postmark Here

COMPLETE THIS SECTION ON DELIVERY A. Signature: (☐ Addressee or ☐ Agent) X B. Received By: (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

CERTIFIED MAIL

Vanderbilt Univ. Medical Center

CERTIFIED MAIL

CERTIFIED MAIL

3322 W End Ave Ste 1100

Nashville TN 37203-1000

VOID

WITH Physical Return Receipt Service (Uses Return Receipt Card)

Certified Mail

B

Instructions

- 1. Apply address label above to the back of this card.
- 2. Apply this card to the TOP EDGE of the mailpiece.
- 3. Peel the Certified Mail label above and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

2. Article Number (Transfer from service lab@ase 3:24-cv-00568

Document 1-2

Filed 05/07/24

Page 15 of 27 PageID #: 24

PS Form 3811 Facsimile, July 2015 (SDC 3930)

Domestic Return Receipt

Certified Mail Labels (SDC-3930)

CUMMINGS LAW

Brian Cummings Licensed to practice in TN, GA, FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300 Nashville, TN 37215

Phone: (615) 319-4347 Fax: (615) 815-1876

November 15, 2023

VIA U.S. CERTIFIED MAIL – ELECTRONIC RETURN RECEIPT

Vanderbilt Univ. Medical Center 3322 West End Ave., #1100 Nashville, TN 37203-1000

Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)

Dear Vanderbilt University Medical Center:

I represent Bradley Jones regarding the death of his husband, Robert Williams, Jr., at Vanderbilt University Medical Center ("Vanderbilt").

Mr. Williams was admitted to Vanderbilt on June 1, 2023, he was determined to be a good candidate for a heart transplant, which he underwent early during the admission, and he contracted two infections (a fungal infection and a bacterial infection) at Vanderbilt that led to sepsis and caused his death on July 13, 2023.

With regard to the fungal infection, which is referred to at times in the records as "infection due to Rhizopus," a Vanderbilt staff member told Mr. Jones that another Vanderbilt patient had come down with the same type of fungal infection.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt University Medical Center ("Vanderbilt"). This is a wrongful death, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt, including its employees and agents, and including its physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the June 1, 2023 admission. This includes, but is not limited to, negligent care related to Mr. Williams contracting both infections and related to the ineffective treatment of those infections. These failures to comply with the applicable, recognized standard of acceptable professional practice caused Mr. Williams' death.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, past medical expenses, physical pain and suffering, emotional pain and suffering, loss of enjoyment of life, loss of earning capacity, Mr. Jones' loss of spousal consortium, funeral and burial expenses, and all other available damages available in a wrongful death, healthcare liability claim.

The full name and date of birth of the patient whose treatment is at issue are:

Robert Williams, Jr.

The name and address of the claimant(s) authorizing this notice, and

The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

Bradley Jones (surviving spouse) 2010 Cedar Creek Dr. Henryville, IN 47126

The name and address of the attorney sending this notice are:

Brian Cummings Cummings Law 4235 Hillsboro Pike, #300 Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at brian@cummingsinjurylaw.com or at 615-319-4347.

Sincerely,

Buan a

Brian Cummings

Enclosures

NAMES & ADDRESSES OF ALL PROVIDERS BEING SENT A NOTICE PURUSANT TO TENN. CODE ANN. 29-26-121(a)

PROVIDER

ADDRESS PER TN DEPT. OF HEALTH CURRENT BUSINESS ADDRESS

REGISTERED AGENT ADDRESS – TN SEC. OF STATE

Vanderbilt University Medical Center

1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson, M.B.A., M.D. 1211 Medical Center Drive Nashville, TN 37232

1161 21st Ave., S., Medical Center North D-3300 Nashville, TN 37232-5545 (Principal Office – TN Sec. State)

3322 West End Ave., #1100 Nashville, TN 37203-1000 (Mailing Address – TN Sec. State) National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 (TN Sec. State)

HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

| SECTION A: THIS SECTION | MUST BE COMPLETED FOR A | LL AUTHORIZATIONS | | | | | | |
|---|---|---|--|--|--|--|--|--|
| Patient Name: RUBERT WILLIAMS, JR. | | | | | | | | |
| Provider's Name: V4NDEPSHT UNIVERSITY WBDICAL CENTSA | Recipient's Name: VALIDBEBILT UNIVERSITY MEDICAL CONTER | | | | | | | |
| Provider's Address: 1211 MEDICAL CONTER DR | Address 1: 12]1 WED1 | CAL CENTER DR. | | | | | | |
| NASHUE, TN 87232 | Address 2: | | | | | | | |
| • | City NASHVILLE | State TN Zip 37232 | | | | | | |
| This authorization will expire on t Date: 6-1-2024 | the following (fill in the Date or the Event: | e Event but not both) | | | | | | |
| Purpose of Disclosure: Complian | nce with Tenn. Code Ann. §29-26- | -121 | | | | | | |
| Description of Information to be I | lsed or Disclosed: All PHI in Med | ical Record for All Dates | | | | | | |
| If I do not sign this form, maffected unless stated other I may revoke this authorized any actions taken prior to receiver may no longer be protected I understand my attorney with the company of the company | ation at any time in writing, but if receiving the revocation. Is not a health plan or health care by federal privacy regulations ar will receive copies of all records re I receive a copy of this form after | r my health care will not be I do, it will not have any effect on provider, the released information in may potentially be redisclosed. eceived through this authorization. | | | | | | |
| The purpose of the release of my records is for review by the Recipient listed above. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH THE RECIPIENT OR THEIR REPRESENTATIVES OUT OF THE PRESENCE OF MY ATTORNEYS. All medical records obtained pursuant to this authorization by Recipient shall be capted by Recipient's office and a Bates-Numbered copy shall be furnished to my counsel, Cummings Law, 4235 Hillshoro Pike #300, Nashville, TN, 37215, within five days after the records are obtained via this authorization, if feasible, and with small transmittal being preferred to reduce / eliminate costs. | | | | | | | | |
| SECTION C: SIGNATURES | | | | | | | | |
| I have read the above and authoristated. Moreover, I acknowledge alcohol, drug, psychiatric, HIV tes | and hereby consent that the releas | sed information may contain | | | | | | |
| Signature of Patient/Plan Membe | er / Guardian / Representative: | Date: 10/17/23 | | | | | | |
| Principane of Guardian + Represe | | Relationship to Patient (if applicable): | | | | | | |

Office of Vital Records



TENNESSEE DEPARTMENT OF HEALTH

| | | The same of the sa | | | 5 | OWIL | | | 042479 |
|--|---|--|--|--|----------------------|--|---------------------------------------|-------------|---|
| . Decedent's Legal Nami | | | N. A. C. | | | | 2. 3 | | 3, Oate of Death 07/13/2023 |
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| INPATIENT | | | | | | | | | |
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| VANDERBILT UNIN | VERSITY MEDICAL CE | | | SHVILLE | S. Hiy | | | DAVIDS | |
| Marital Status | | g Spouse (name prior t | o first marriage) | 11a Decedent | | | 116. | | usiness/industry |
| MARRIED | | EY JONES | | FACILITY 13b. County | MANA | GER | 135 | City or To | ROLOGY |
| Social Security Numb | INDÍA | nce-State or Foreign C | contry | CLARK | | | 1.50 | HENRY | 유럽하다면 네 변경에 가게 먹는데, 보고 |
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| . Father's Name | | | | 19. Mot | her's Na | me Prior to Firs | t Marriage | | |
| ROBERT WILLIAM | SSR | | | | | BALDWIN HA | WKINS | | |
| a. Informant's Name | | 20b. Relationship | to Decedent | 20¢. Mailing Au | | | | | |
| BRADLEY JONES B. Method of Dispositio | | SPOUSE | 21b. Place of E | | DARC | REEK DRIVE | HENRYVILLE 21c. Location | IN 4712 | В |
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| a. Signature of Funeral | | | 22b. License N | | | ure of Embalme | | | 22d. License Number |
| /e/ KALEIGH B EAS | STWOOD | | 20503 | > | lel ST | EPHANIE BR | OOK WORKIN | G | 6116 |
| a. Name and Address o | of Funeral Home | | | A THE STORAGE | 198 | | | | 23b. License Number |
| | SCH-PATTON FUNER | RAL HOME AND ME | MORIAL, 660 TH | OMPSON LANE | NASH | VILLE, TN 372 | 204-0407 | | 933 |
| , Registrar's Signature | | | | | 25 | Date Filed | | | |
| /e/ EDWARD G BIST | HOP III | | | Market No. | | 07/17/2023 | | | |
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| a Certifier Jer ASHISH S. SHAP | DUE TO THE C | AUSE(S) AND MANNER | | 5. License Number 053242 | | | 27c, Date 5 07/14/ | | |
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I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III State Registrar

Ralph Alvarado, MD, FACP Commissioner

Date Issued: Jul-17-2023

CERTIFIED MAIL



PS Form 3800 6/02

A

Certified Mail WITHOUT Physical Return **Receipt Service**

(No Return Receipt Card) Instructions

- 1. Apply this label to the TOP EDGE of the mailpiece.
- 2. Apply address label below to the CENTER of the mailpiece.
- 3. Peel the Certified Mail label below and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

Delivery Address when used with or Return Address when used with 13

Vanderbilt Univ. Medical Center c/o National Registered Agents, Inc. 300 Montvue Rd Knoxville TN 37919-5510

CERTIFIED MAIL CERTIFIED MAIL

CERTIFIED MAIL

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OUTBOUND TRACKING NUMBER 9414 8118 9956 2604 7262 55

Nashville TN 37215-3344

4235 Hillsboro Pike, Suite 300

FEES

Postage per piece Certified Fee

\$2,830 \$4,350 \$7,180

Total Postage & Fees:

ARTICLE ADDRESS TO:

1. Article Addressed to:

Brian Cummings

Cummings Law

Vanderbilt Univ. Medical Center c/o National Registered Agents, Inc. 300 Montvue Rd Knoxville TN 37919-5510

Postmark Here

COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Signature: (☐ Addressee or ☐ Agent) ■ Ensure items 1, 2, and 3 are completed. X Attach this card to the back of the mailpiece, or on the front if space permits. B. Received By: (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

☐Yes

VOID

B **Certified Mail** WITH Physical Return Receipt Service

(Uses Return Receipt Card) Instructions

- 1. Apply address label above to the back of this card.
- 2. Apply this card to the TOP EDGE of the mailpiece.
- 3. Peel the Certified Mail label above and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

2. Article Number (Transfer from service label ase 3:24-cv-00568

Document 1-2

Filed 05/07/24

Page 21 of 27 PageID #: 30

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Top of the page

PS Form 3811 Facsimile, July 2015 (SDC 3930)

Domestic Return Receipt

CUMMINGS LAW

Brian Cummings Licensed to practice in TN, GA, FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300 Nashville, TN 37215

> Phone: (615) 319-4347 Fax: (615) 815-1876

November 15, 2023

VIA U.S. CERTIFIED MAIL – ELECTRONIC RETURN RECEIPT

Vanderbilt Univ. Medical Center c/o National Registered Agents, Inc. 300 Montvue Rd. Knoxville, TN 37919-5546

Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)

Dear Registered Agent for Vanderbilt University Medical Center:

I represent Bradley Jones regarding the death of his husband, Robert Williams, Jr., at Vanderbilt University Medical Center ("Vanderbilt").

Mr. Williams was admitted to Vanderbilt on June 1, 2023, he was determined to be a good candidate for a heart transplant, which he underwent early during the admission, and he contracted two infections (a fungal infection and a bacterial infection) at Vanderbilt that led to sepsis and caused his death on July 13, 2023.

With regard to the fungal infection, which is referred to at times in the records as "infection due to Rhizopus," a Vanderbilt staff member told Mr. Jones that another Vanderbilt patient had come down with the same type of fungal infection.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt University Medical Center ("Vanderbilt"). This is a wrongful death, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt, including its employees and agents, and including its physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the June 1, 2023 admission. This includes, but is not limited to, negligent care related to Mr. Williams contracting both infections and related to the ineffective treatment of those infections. These failures to comply with the applicable, recognized standard of acceptable professional practice caused Mr. Williams' death.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, past medical expenses, physical pain and suffering, emotional pain and suffering, loss of enjoyment of life, loss of earning capacity, Mr. Jones' loss of spousal consortium, funeral and burial expenses, and all other available damages available in a wrongful death, healthcare liability claim.

The full name and date of birth of the patient whose treatment is at issue are:

Robert Williams, Jr.

The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

Bradley Jones (surviving spouse) 2010 Cedar Creek Dr. Henryville, IN 47126

The name and address of the attorney sending this notice are:

Brian Cummings Cummings Law 4235 Hillsboro Pike, #300 Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at brian@cummingsinjurylaw.com or at 615-319-4347.

Sincerely,

Brian Cummings

Enclosures

NAMES & ADDRESSES OF ALL PROVIDERS BEING SENT A NOTICE PURUSANT TO TENN. CODE ANN. 29-26-121(a)

PROVIDER

ADDRESS PER TN DEPT. OF HEALTH CURRENT BUSINESS ADDRESS

REGISTERED AGENT ADDRESS – TN SEC. OF STATE

Vanderbilt University Medical Center 1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson, M.B.A., M.D. 1211 Medical Center Drive Nashville, TN 37232

1161 21st Ave., S., Medical Center North D-3300 Nashville, TN 37232-5545 (Principal Office – TN Sec. State)

3322 West End Ave., #1100 Nashville, TN 37203-1000 (Mailing Address – TN Sec. State) National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 (TN Sec. State)

HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

| SECTION A: THIS SECTION ! | MUST BE COMPLETED FOR A | LL AUTHORIZATIONS | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Patient Name: RUBERT WILLIAMS, JR. | | | | | | | | | |
| Provider's Name: VANDERSHT UNIVERSITY MBDICAL CENTSA | Recipient's Name: VALTERBUT UNIVERSITY MEDUAL CONTER | | | | | | | | |
| Provider's Address: 1211 MEDICAL CONTER DR | idress: Address 1: 1211 MEDICAL CENTER DR. | | | | | | | | |
| NASHVELE, TN 87232 | Address 2: | | | | | | | | |
| • | City NASHVILLE | State TN : Zip 37232 | | | | | | | |
| This authorization will expire on t Date: 6-1-2024 | he following (fill in the Date or th Event: | e Event but not both) | | | | | | | |
| Purpose of Disclosure: Complian | ice with Tenn. Code Ann. §29-26- | 121 | | | | | | | |
| Description of Information to be I | Ised or Disclosed: All PHI in Med | ical Record for All Dates | | | | | | | |
| If I do not sign this form, we affected unless stated other I may revoke this authorized any actions taken prior to real to the requester or receiver may no longer be protected I understand my attorney with the real to the requester of the real to the rea | ation at any time in writing, but if ecciving the revocation. is not a health plan or health care by federal privacy regulations ar will receive copies of all records re I receive a copy of this form after | r my health care will not be I do, it will not have any effect on provider, the released information and may potentially be redisclosed. begived through this authorization. | | | | | | | |
| SECTION B: NOTICE TO PRO | VIDER AND RECIPIENT | | | | | | | | |
| The purpose of the release of my records is for review by the Recipient listed above. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH THE RECIPIENT OR THEIR REPRESENTATIVES OUT OF THE PRESENCE OF MY ATTORNEYS. All medical records obtained pursuant to this authorization by Recipient shall be copied by Recipient's office and a Bates-Numbered copy shall be furnished to my counsel, Cummings Law, 4235 Hillsboro Pike #300, Nashville, TN, 37215, within five days after the records are obtained via this authorization, if feasible, and with small transmittal being preferred to reduce / eliminate costs. | | | | | | | | | |
| SECTION C: SIGNATURES | | | | | | | | | |
| I have read the above and authoristated. Moreover, I acknowledge alcohol, drug, psychiatric, HIV tes | md hereby consent that the releas | sed information may contain | | | | | | | |
| Signature of Patient/Plan Membe | r / Guardian / Representative: | Date: 10/17/23 | | | | | | | |
| Prince and Guardian + Represe | | Relationship to Patient (11 applicable): | | | | | | | |

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TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

| | | | - | | | - | | ALCOHOL: NAME OF PERSONS ASSESSED. | Z. Sex | 3, Date of Death |
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| INPATIENT | | | | | | | | | | 100 |
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| 6. Father's Name | | | | | 19. Mg | ther's Nam | e Prior to F | irst Marriage | | |
| ROBERT WILLIAM | SSR | Telling State | | Contract to the second | | | BALDWIN | HAWKINS | | |
| la, Informent's Namo | | | 20b. Relationship | to Decedent | 20c. Mailing A | ddress | | | | |
| BRADLEY JONES | | | SPOUSE | | | DAR CR | EEK DRIVE | HENRYVI | | 26 |
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| 2a. Signature of Funeral | | | | 22b. License No | umber 22 | | e of Embain | | | 22d. License Number |
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Edward G. Bishop III State Registrar

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